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**FEB 25 2008**

## **FAX COVER SHEET**

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| <b>TO</b>         | Mail Stop RCE                       |
| <b>COMPANY</b>    | USPTO                               |
| <b>FAX NUMBER</b> | 15712738300                         |
| <b>FROM</b>       | Mark S. Peloquin                    |
| <b>DATE</b>       | 2008-02-25 21:13:58 GMT             |
| <b>RE</b>         | 111803.P001 USPTO SN#10/735,950 RCE |

### **COVER MESSAGE**

29 pages including this facsimile cover sheet.

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PATENT APPLICATION

FEB 25 2008

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted herewith via facsimile transmission to Telephone No. (571) 273-8300 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, Box 1450, Alexandria, Virginia 22313-1450.

Date of Transmission: FEBRUARY 25, 2008

Mark S. Peloquin, Esq.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Group Art Unit: 3616

In re: Jeffrey D. Davies  
Application No.: 10/735,950  
Attorney Docket No.: 111803.P001  
Filed: December 14, 2003  
For: ALL TERRAIN VEHICLE POWER TAKEOFF

**FACSIMILE TRANSMITTAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith for filing are the following:

1. Transmittal Form PTO/SB/21 (1 pg)
2. Petition for Extension of Time PTO/SB/22 (1 pg)
3. Request For Continued Examination PTO/SB/30 (1 pg)
4. Replacement Drawing Sheet Figure 6 (1 pg)
4. Fee Transmittal PTO/SB/17 (1 pg)
5. Credit Card Payment Form PTO-2038 (1 pg)
6. Response to Office Action (21 pgs)

A total of 28 pages, including this facsimile transmittal are being submitted herewith:

Respectfully Submitted,  
PELOQUIN, PLLC

Date: February 25, 2008

Mark S. Peloquin, Esq.  
Mark S. Peloquin, Esq.  
Registration No. 50,787

# **RECEIVED** **CENTRAL FAX CENTER**

**FEB 25 2008**

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                        |                    |
|---|------------------------|--------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/735,950         |
|   | Filing Date            | December 14, 2003  |
|   | First Named Inventor   | Jeffrey D. Davies  |
|   | Art Unit               | 3616               |
|   | Examiner Name          | George D. Spislich |
| Total Number of Pages in This Submission  | Attorney Docket Number | 111803.P001        |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1. Facsimile Transmittal(1 page)<br>2. PTO-2038 Credit Card Payment Form 1 pg<br>3. PTO-/SB/30 - Request For Continued Examination -1 pg<br>4. Replac. Fig 6 |
| Remarks  |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                        |          |        |
|--------------|------------------------|----------|--------|
| Firm Name    | PELOQUIN, PLLC         |          |        |
| Signature    |                        |          |        |
| Printed name | Mark S. Peloquin, Esq. |          |        |
| Date         |                        | Reg. No. | 50,787 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |                               |      |                     |
|---|-------------------------------|------|---------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                               |      |                     |
| Signature   | <i>Mark S. Peloquin, Esq.</i> |      |                     |
| Typed or printed name   | Mark S. Peloquin, esq.        | Date | <b>FEB 25, 2008</b> |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



FEB 25 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2008**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
1520.00**Complete If Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/735,950        |
| Filing Date          | 12/14/2003        |
| First Named Inventor | Jeffrey D. Davies |
| Examiner Name        | George D. Spisich |
| Art Unit             | 3616              |
| Attorney Docket No.  | 111803.P001       |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 310         | 155                   | 510         | 255                   | 210              | 105                   |                |
| Design           | 210         | 105                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 210         | 105                   | 310         | 155                   | 160              | 80                    |                |
| Reissue          | 310         | 155                   | 510         | 255                   | 620              | 310                   |                |
| Provisional      | 210         | 105                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

50

Small Entity Fee (\$)

25

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <b>Total Claims</b> | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
|---------------------|---------------------|-----------------|----------------------|

|                          |   |       |   |       |
|--------------------------|---|-------|---|-------|
| _____ - 20 or HP = _____ | x | _____ | = | _____ |
|--------------------------|---|-------|---|-------|

HP = highest number of total claims paid for, if greater than 20.

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <b>Indep. Claims</b> | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
|----------------------|---------------------|-----------------|----------------------|

|                         |   |       |   |       |
|-------------------------|---|-------|---|-------|
| _____ - 3 or HP = _____ | x | _____ | = | _____ |
|-------------------------|---|-------|---|-------|

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
|---------------------|---------------------|---|-----------------|----------------------|

|                     |              |                                |       |   |       |
|---------------------|--------------|--------------------------------|-------|---|-------|
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x | _____ | = | _____ |
|---------------------|--------------|--------------------------------|-------|---|-------|

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fifth month Extension fee - small entity &amp; RCE Fee

Fees Paid (\$)

\$1520.00

**SUBMITTED BY**

|                   |                               |   |                        |
|-------------------|-------------------------------|---|------------------------|
| Signature         | <i>Mark S. Peloquin, Esq.</i> | Registration No.<br>(Attorney/Agent) 50,787 | Telephone 206 447 1336 |
| Name (Print/Type) | Mark S. Peloquin, Esq.        | Date <b>FEB 25, 2008</b>                    |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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